MR. C. V. CHANDRASEKHARAN: That is not a very alarming figure considering the number of schools and pupils in the whole State.

MR. KALLUR NARAYANA PILLAI: ഇവിടെ ഹൈ ഇംഗ്ലീഷ് സ്കൂളുകളുള്ളൂ. ഞാൻപറഞ്ഞത് ഇംഗ്ലീഷ്സ്കൂളുകളെ സംബന്ധിച്ചുമാണ്.

MR. C. V. CHANDRASEKHARAN: Yes, that may be true. As I said, the Government are losing about Rs. 2,20,000 on fee concessions alone. The fees in our Colleges are lower than the fees in many of the other Colleges affiliated to the Madras University.

PRESIDENT: Your time is up.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: I beg leave of the House to withdraw the motion.

The motion was, by leave, withdrawn.

PRESIDENT: I put it that Demand V—Education for Rs. 45,75,457 be passed.

The grant was made.

PRESIDENT: The House will adjourn for lunch and meet at a quarter to three.

The Council rose for lunch at 2-2 P. M. and re-assembled at 2-45 P. M.

DEMAND VI—MEDICAL.

MRS. M. POONEN LUKOSE: Sir, I move for a grant not exceeding Rs. 8,71,047 under Demand VI—Medical.

MR. K. P. NILAKANTA PILLAI: Sir, I move that the whole demand be omitted.

Sometime back, even from the very inception of the Medical Board we were opposing the policy of Government in creating a board to control the administration of the whole department. When that view was pressed before this House more than once, Government also got convinced of the opinion ventilated before this House and finally they were, whether out of good grace or otherwise, obliged to drop the Medical Board and disband the Medical Board. Subsequently the Board disappears and in its place another institution crops up and the very same members are entertained in the department with some other designation and they are given the pay and emoluments which they were receiving even before. It is to record our emphatic protest against this policy of Government that I propose to move this motion.

Sir, we were addressing this House and making an impression upon you that the administration of the country is top heavy and therefore we cannot afford under the present economic depression even to provide for the most vital necessities of the people. When Government are

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saying we have no funds for that, this and everything, we cannot understand why without necessity appointments should be created and maintained. With reference to the administration of the Medical Department, the whole department has been administered for a long time by a Darbar Physician and there was nothing to complain against the administration of the department from a purely administrative point of view. But the appointment of two Deputy Darbar Physicians has created a lot of difficulty and confusion with regard to the administration of the department. The functions of these officers were not fixed. Their functions were found to be overlapping and their work was sometime after found to create difficulties which were not expected when those appointments were made. To convince the House I may cite one example. A new hospital has been opened at Vamanapuram some days back. There was an order from Government that the Darbar Physician or the Deputy Darbar Physician should go and inspect as to the suitability of the site and building and to see whether the hospital could be opened there. At 8-30 A. M. Dr. Slater goes there to examine the institution and the building and he comes away with a favourable impression. At 9-30 A. M. another Darbar Physician, soon after Mr. Slater has left, comes to examine the institution and the building. Dr. Noble who came at 9-30 A. M. finds fault with everything and he concludes that this place is unsuitable, that the institution should not be opened and that everything is unsatisfactory according to him. Look at the tamash or at the co-operation with which the department is worked by two Darbar Physicians whose duties or functions were not fixed. From that time some sort of impression is brought to bear upon the Medical Officer in charge of the institution by Dr. Noble, the Deputy Darbar Physician, that he should put forward all sorts of untenable objections against the institution. He seems to be bent upon closing the institution even though the daily attendance is 250 on an average. That seems to be the way in which the department is working under the direction of the Deputy Darbar Physicians.

Secondly, it has been pressed upon the Government that the view of the people is that a missionary who is employed by an institution should not be appointed in the general service of the State. That is highly objectionable. That was again raised before this House while we wanted to agitate against the constitution of the Medical Board; and I do not know whether it was on that ground or any other ground the Medical Board was abolished. The self-same man again comes in in another name to control the Medical department of the State. That is a very unsatisfactory arrangement and we record our protest against such an arrangement.

MR. P. PADMANABHAN TAMPI: Sir, in supporting the motion of Mr. Nilakanta Pillai to omit the whole amount under the Medical demand I must bring to your notice that it is high time to mend the department or to end it. I can say, even though I am not an advocate

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of the policy of keeping departments under European Heads, that ever after the administration of the department by European I. M. S. officers as Durbar Physicians, has been done away with the public have absolutely no confidence in the department. The repeated trials of the Government in keeping the department under various systems of administration have caused utter confusion and lack of discipline in the department. For instance Dr. Slater's appointment as Darbar Physician, followed by his resignation and then the appointment of Deputy Darbar Physicians and the appointment of Dr. Noble, a full-time officer working in the Mission Hospital, who will have only step-motherly feelings towards the departmental institutions, and keeping the department again under a trio have caused distress and discontent among the people. The dexterity of our doctors' surgical knife has been clearly exhibited in the matter of surgical operations conducted in the General Hospital on the late Mr. O. S. Ramaswamy Aiyar, Mr. Kunjan Pillai, one Mr. V. K. Narayana Pillai —a close relation of Mr. Balakrishnan Tampi - and lately Mr. B. Nanu Pillai's son. I must point out to you, Sir, that the members of the Royal family, administrative heads, heads of departments and even Medical officers in this department seek medical aid from the Mission Hospitals. I must point out to you, Sir, that this was not the case during the times of I. M. S. officers as Darbar Physicians, and especially during the times of Dr. Poonen and Dr. Lakshmanan in the General Hospital, even though there were eminent doctors like, Phales, Turner, Davidson and others in the Mission Hospitals. There was no such rush then to the Mission hospitals as there is now.

I must also point out to you, Sir, how things are done in the General Hospital. Free entrance to the General Hospital is refused and peons are kept at the gate. Unless passes are taken, the poor people are not allowed to enter the hospital compounds. Further I must bring it to your notice how the pay ward is kept. The pay ward is not kept on uptodate lines. The operation theatre looks like a slaughter house and the surgical department and the department of medicine are kept under a surgeon who will always have a step-motherly feeling towards the physicians. I say, Sir, that unless these evils are remedied, it is not likely that the administration of even the General Hospital will be uptodate. I pray that an eminent doctor should be placed as the Head of the General Hospital as we had in former days.

Coming to the appointments in the Medical Department I am very sorry to say that there is nepotism and communalism in the matter of appointments of Medical men in the service. In my leisure hours I used to think how this naughty question of communal representation and communal ill-feeling could be avoided. When going through the Civil list it rather struck me that this difficulty may be overcome by assigning each department to each community. The Medical and certain other departments may be given to Christians. Education and

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Land Revenue may be given to Brahmins and Police and Excise to depressed classes. The *Pattalam* or the office of Battalions may be given to poor Nayars who are always satisfied with the worth of military spirit and loyalty to their kings leaving scot-free poor Tamilians, Nadars and Mahomedans. Going through the statement placed in the Lower House by the Medical Department we find that more than 50 per cent. of the officers are Christians.

MR. K. K. THOMAS: Does the member refer to new recruits or the whole of the appointments?

MR. P. PADMANABHAN TAMPI: I refer to the whole of the appointments above the grade of Sub-Assistant Surgeons. I am sorry, Sir, to make any remarks about the communal splits. I can say that all the communal splits and communal animosities are brought about by the departmental heads only. You will find, Sir, that more than fifty per cent. of the students in the nursing classes are Christians. Again you will find that a large majority of the students sent to Madras Medical Institutions are Christians. I will quote one or two instances to show how justice has been done between man and man in this department. When the Government thought of appointing a Clinical Assistant in the General Hospital, one Mr. S. S. Unnithan was an applicant qualified from Madras. But one Mr. Titus was preferred. Though he had no qualification whatsoever he is sent to Madras after Mr. Unnithan came out qualified, and his application has been rejected on the ground that before Mr. Unnithan finished his course Mr. Titus's family was sent to Madras with the object that Mr. Titus would follow the family. Again, we find a large number of persons in the waiting list who took degrees from 1925 onwards. One Mr. Oommen who took the degree in 1932 was preferred to those in the waiting list and appointed. Another instance of glaring injustice also I beg to point out to the House. When the Medical Store-keeper's post became vacant—though it is not a medical vacancy it came to be treated as a medical vacancy—preference was given to one Mr. Thomas who took the degree in 1932 and he was put in charge of the place even leaving the unfortunate Unnithan's application aside. Also this is a permanent vacancy and after a year's probationary period it is likely that this man will be absorbed in the Medical Department to the prejudice of many persons acting in the Medical Department. I have only pointed out to you, Sir, a very few instances, as to how matters are being managed in the Medical Department.

Another point that I beg to bring to your notice, Sir, is that if the Darbar Physician has to be assisted by two Deputies for the administration of the present Medical Department we are at a loss to know how many deputies will be required when the Health and Sanitary Departments are amalgamated and kept under the Darbar Physician. I need not tell you, Sir, that cure is different from prevention and it is not at

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all fair that the Sanitary and Health Departments are kept under a Medical man. When the question of the amalgamation of the Sanitary and the Medical Department came up a few years ago the Darbar Physician who is holding office to-day strongly opposed the amalgamation. The Government are aware that we have the best men qualified in Public Health, *viz.*, Messrs. Gopala Pillai, Krishnan Tampi and Kumaran Nayar. But now the question of amalgamation comes and such good men who studied in America and other places are going to be kept under Deputy Darbar Physicians. These are a few of the instances where fairness has not been shown. So I submit that the whole allotment under the Medical Department be dropped.

MR. M. N. PARAMESVARAN PILLAI: Sir, I also oppose the demand made by the official member. Ever since the creation of the Medical Board the administration and control of the Medical Department has been unsatisfactory. There was a loud outcry against the triumverate of Medical authorities. It was hoped that the abolition of the Medical Board was going to improve matters, but to our great misfortune and disappointment we find that events are drifting from bad to worse. The place of the Medical Board is now being taken up by a Darbar Physician and two Deputies. This arrangement is not merely a hopeless extravagance and waste of public money, but it tends to encourage irresponsibility and inefficiency in the department.

The appointment of the medical officer of a Mission Hospital as one of the Deputy Darbar Physicians is also open to very many serious objections. In the first place he is not the holder of any degree registerable anywhere in the United Kingdom. Secondly, he is holding the office under our Government in addition to his position as Medical Officer of the Mission Hospital. How could he be allowed to hold these two offices simultaneously? I understand that he is using his present position to do proselytising work. It is this spirit of proselytism that has induced him to recommend for the closing down of the Government Hospital at Kottaram and for surrender of all its equipments to the nearest Mission Hospital.

PRESIDENT: I presume, when you refer to proselytising work, your statement is based on your knowledge. It is a serious statement to make.

MR. M. N. PARAMESVARAN PILLAI: Yes, Sir, I understand that he has recommended to Government for the closing down of the Government Hospital at Kottaram.

PRESIDENT: Is that what you mean by "proselytising"?

MR. M. N. PARAMESVARAN PILLAI: That is what I mean.

All his inspection diaries are full of recommendations to Government for giving liberal grants to the various Mission Hospitals. This is the benefit that the State and its people are now having in return for the expenditure incurred for his big salary and travelling allowance. There have been repeated complaints both in the Assembly and in the

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Legislative Council that there are not sufficient number of hospitals and dispensaries in the various parts of the State. To all reasonable people, it would appear that the post of these two Deputy Darbar Physicians are not necessary and with the saving Government are able to make by the abolition of these two posts they could establish hospitals and dispensaries in various centres of the State. This would really tend to the well-being of the people in general.

Coming to the General Hospital, although after the appointment of the present surgeon matters have improved considerably, yet much attention has to be paid in the matter of attending the out-patients. Much hardship is now felt by the people who go to the out-patient section, because we find that most of the doctors who are put in charge of the out-patient sections are junior medical officers and we also find that they are constantly changed. This causes great hardship to the people. Again the supply of most of the medicines runs short in the General Hospital before the end of Edavam or Mithunam. In most of the hospitals of the state we find that there are no up-to-date surgical appliances and no sufficient quantity of useful medicines.

In Kuttanad and other places the people are put to very great inconvenience, hardship and difficulties on account of the want of sufficient number of hospitals and dispensaries. I wish Government would take prompt measures to supply their needs by establishing sufficient number of hospitals and dispensaries.

I also wish to make another suggestion in this connection. The necessity for the contribution of Rs. 12,215 to the Madras Government for the reservation of seats in the Medical College has ceased to exist. Our country is now flooded with medical men not only qualified from the Indian Universities but also from the Universities of England and America. It is high time, Sir, to stop the grant of Rs. 5,000 made to the Union Mission Tuberculosis sanatorium at Madanapalli.

MR. KAYALAM PARAMESVARAN PILLAI: Are not young men trying for admission to the Medical College?

MR. M. N. PARAMESVARAN PILLAI: They may try but the State need not encourage them.

MR. KAYALAM PARAMESVARAN PILLAI: Is the member of opinion that no medical education should be given hereafter?

MR. M. N. PARAMESVARAN PILLAI: That is not what I said. There is no necessity for the contribution.

MR. KAYALAM PARAMESVARAN PILLAI: Then how will young men get admission?

MR. M. N. PARAMESVARAN PILLAI: Is it only if the contribution is paid by Government that they will be given seats?

MR. KAYALAM PARAMESVARAN PILLAI: Yes, that is all.

MR. M. N. PARAMESVARAN PILLAI: With regard to the contribution made to the sanatorium at Madanapalli what I wish to state is that it is a long time since our Government sanctioned the

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establishment of a sanatorium in south Travancore for the treatment of tuberculosis, but we are sorry to find that Government have been sleeping over the matter during all these years. For these reasons I oppose the demand.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Sir, I also oppose the demand. We have been making agitations for starting certain institutions in certain localities. I come from a place whose unfortunate case is that an institution is thrust upon us in spite of our protest. Representations have been sent to Government and also made in the Assembly by the member representing the Mavelikara taluk. I understand that steps are being taken very busily for locating the leper asylum at Mavelikara. Surveying and planning are being carried on. My only prayer is that we must be saved from such kind attention on the part of Government.

MR. K. K. THOMAS: Is not the member aware that it is for the whole State and not for the Mavelikara taluk alone?

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: If my friend is enthusiastic, if he is actuated by a sense of local enthusiasm, we would be immensely grateful if the member would ask Government to direct their attention to his locality. I do not understand why the Government should be so particular in having a leper asylum at Mavelikara. The place is not infested with lepers. On the other hand it is a well-peopled place and it will spell danger to the public health of the people of Travancore if the leper asylum is established there. I understand that in the matter of pushing on with the scheme all is not fair. Some highly placed people are interested, it is said, and the land is being surveyed and plans prepared preparatory to a building being put up on it. I can give the assurance to Government that there are several localities available on the eastern part of my constituency *viz.*, Kunnattur, where the leper asylum could be more properly located. The place is very healthy; it is free from malaria and it is not likely that there will be any complaint from the people that a leper hospital is thrust upon them.

MR. C. M. JOSEPH: കുന്നത്തൂർ താലൂക്കിൽ സ്ഥാപിക്കുന്നതുകൊണ്ടു തരക്കേടില്ലെന്നും മാവേലിക്കര സ്ഥാപിക്കാൻ പാടില്ലെന്നും പറയുവാനുള്ള കാരണം എന്താണ്?

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Because it is not a place where there are so many people living around as in the Mavelikara taluk. It is very near the forest region and there are not so many habitations there. There is neither a school nor a market nor other public buildings close by, as in Mavelikara. In Mavelikara the asylum is proposed to be located very near a road, market, schools and other public buildings. But in Kunnattur that could be avoided.

I do not want to speak anything more regarding that fortunate missionary gentleman with American qualifications, I mean, Dr. Noble. It was cleverly expressed by the Chief Secretary, who was very

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wise in saying that, that his qualifications are *different*. For one thing the non-officials and officials are one in thinking that his qualifications are certainly different! I feel that my knowledge of Geography is rather shaky and I cannot understand from which part of America that missionary gentleman has graduated. That is why I do not want to talk about it.

Again, may I repeat that the question of leper asylum is a very live problem? Government will be doing injustice for generations to come if, in order to placate some private individual or to oblige a particular gentleman or for any other consideration, they choose to locate that unwanted institution in our midst. Therefore with all the force I can command, I most humbly request Government not to proceed with the scheme as far as Mavelikara is concerned.

MR. S. PIRAVIPERUMAL PILLAI: Sir, I wish to draw the attention of the House to one important fact. The General Hospital at Trivandrum has been equipped at a very great cost and is manned by experts. That being so, I wish that the General Hospital is made more useful to the public than it is now. The surgeons there are now allowed to take up private practice so much so, that there are very few people in this House who are not the patients of one or the other of the Surgeons there. But the difficulty is that when any crisis suddenly happens to any patient, it is not now possible to get into the hospital to meet a doctor and explain what has taken place and receive his instructions. Sir, there seems to be some circular or something to the effect that people should not get into the premises of the General Hospital before 12 o' clock in the morning. This is indeed a deplorable condition.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Is the member aware that there are such rules in all well-regulated hospitals in Madras and other parts?

MR. S. PIRAVIPERUMAL PILLAI: If there are, they must be abolished.

Of course the Government member may argue that the surgeons who are paid by the Government should serve the Government and that some special hours should be set apart for that service. It may also be argued that if there is no restriction and the visitors are freely allowed into the hospital it may hamper with the proper working of the hospital. Sir, the object of one who runs up to the hospital is not to remove bodily the Surgeon from there. He goes there only to explain to him the crisis that has happened and to get instructions from him till the surgeon is available. With regard to allowing people freely to enter the hospital, I do not think that the General Hospital is a menagerie and none will wish to visit it unless a necessity arises.

Therefore, Sir, with a view to make the General Hospital more useful and with a view to remove this grievance of the public who are now patients of these surgeons in the General Hospital, I wish that

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some arrangement should be made. Sir, one more point which I wish to touch upon is the manner in which promotions are given in this department. I know an instance when it took some time for a Deputy Surgeon to become a Surgeon for the mere fact that the incumbent was a lady. Sir, this is a department, as I said, dealing with the lives of the people and as such if there are competent hands in the department and if they are found fit to occupy the next higher place in the department, I think, like all other departments, in this department also that scope should be given. Otherwise, Sir, the thing is that there will be discontent and disgust among the officers concerned. That means the lives of the people which they are dealing with are in jeopardy. Sir, from an answer made to an interpellation on the floor of the Assembly, it is seen that there was no prohibition to appoint a lady as the head of the department. It was also seen that during a period of 20 months or so when a lady was acting as Darbar Physician, work went on very well. Well, Sir, under these circumstances, why not the lady be confirmed? If, however, the Government have got their own reasons for not doing so, why not appoint some competent officer from the department itself? Why should we go in for outsiders? Sir, as I said, so that there may not be discontent among the officers of the department who are competent, I wish that this suggestion also is considered by the House.

One more suggestion that I wish to make, Sir, is that it was during one of the sessions of the last Legislative Council, a resolution was passed to give adequate encouragement to the Homeopathic system of treatment. Sir, I do not think that Government have done anything in the matter so far. I wish to bring this also to the notice of the House.

MR. M. GOVINDAN: Sir, I have to add only one observation and that is confined to the hospital for lepers and the hospital for mental diseases. I note from the Administration Report that 31 died in the hospital for lepers and 16 died in the hospital for mental diseases. The total number was only 543 and 182. That works out 8 per cent. and 6 per cent mortality, respectively. In the absence of any comparative figures in respect of similar institutions elsewhere, it is not possible to say whether this is a very alarmingly big figure, but compared with the mortality in other hospitals in this State which is only about 3 per cent., this 8 per cent. and 6 per cent. are figures requiring explanation. No explanation is offered in the Administration Report. In fact there is a very short paragraph of 3 lines on the subject both in the Government Administration Report and the Administration Report of the department given to us. This, Sir, is a very important matter because from the Census Report I find that in Travancore we have got more lepers and persons suffering from mental diseases than in the neighbouring districts in British India. Such being the case special attention ought to have been paid to these important institutions. That does not appear to have been done from the way in which the matter is disposed of in the Administration Report.

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[Mr. M. Govindan.]

Another point to which I wish to draw the attention of the Government is this. In Travancore we have got, properly speaking, only a Lunatic Asylum and not a hospital for mental diseases. What I mean is this. Here admission to the hospital for mental diseases depends upon a person going through a particular procedure prescribed by the Lunatics Regulation. That Regulation prescribes that a man should have been ordered to be admitted by a Magistrate and the Magistrate's order will be based only on a Police Inspector's report that the patient is dangerous to society. So, a man has to become dangerous to society and then he must be doing acts likely to cause breach of peace and then only admitted to the hospital. Suppose there is a man who is getting the disease and the first symptoms are visible. At such a stage in which he can be effectively treated, it is not possible to get admission honestly there. You have to go to a Police Inspector to make a report that there is likelihood of breach of peace and the Inspector has to submit a report to that effect to the Stationary Magistrate. I repeat that only after getting the Magistrate's order can the patient be admitted to the hospital. I wish to point out that this state of affairs should be rectified. The present Lunatic Asylum may be converted into a genuine hospital for mental diseases.

MR. M. N. NARAYANA MENON : മെഡിക്കൽബോർഡ് ആവശ്യമില്ലെന്നു പ്രസ്താവിച്ചിട്ടുള്ള സ്നേഹിതന്മാരുടെ അഭിപ്രായത്തോടുകൂടി ഞാൻ പൂർണ്ണമായി യോജിച്ചുകൊള്ളുന്നു. ഈ ആണ്ടത്തെ ബഡ്ജറ്റ് നോക്കിയതിൽ വെളിയിൽനിന്നും ഒരു ഡർബാർഫിസിഷനെ വരുത്താൻ ആലോചനയുള്ളതായി മനസ്സിലാകുന്നുണ്ട്. വിദ്യാഭ്യാസഡയറക്ടരെ നിയമിക്കുന്നതിനെസംബന്ധിച്ച് ഇവിടെ പ്രസ്താവിച്ചപ്പോൾ ഗവണ്മെൻറുഭാഗത്തുനിന്നും ചീഫ്സെക്രട്ടറി പറഞ്ഞ മറുപടി എല്ലാസംഗതികളിലും യോജിച്ചുകണ്ടെങ്കിൽ നന്നായിരുന്നു. കഴിയുന്നതും ഡിപ്പാർട്ടുമെൻറിലിരിക്കുന്ന ആളുകൾക്ക് പ്രോത്സാഹനം ലഭിക്കത്തക്കവിധത്തിലായിരിക്കണം നിയമനം നടത്തേണ്ടതു്. അവരെക്കൊണ്ട് തീരെക്കൊള്ളുകയില്ല എന്നു് ബോദ്ധ്യപ്പെട്ടാൽമാത്രമെ വെളിയിൽനിന്നും ആളുകളെ വരുത്താൻപാടുള്ളു. ഇപ്പോൾ ഈ ഡിപ്പാർട്ടുമെൻറിലിരിക്കുന്ന മാന്യമഹതിയെതന്നെ ഈ സ്ഥാനത്തു സ്ഥിരപ്പെടുത്തണം. ഡർബാർഫിസിഷൻറെ നിയമനത്തെസംബന്ധിച്ച് ഇവിടെ പല സ്നേഹിതന്മാരും സംസാരിച്ചുകഴിഞ്ഞു. മിഷൻ ആസ്പത്രിയിലുള്ള ഒരു ഡാക്ടരെ ഡിപ്യൂട്ടിഡർബാർഫിസിഷനായി നിയമിച്ചിരിക്കുന്നതിനാൽ കഴിവുള്ളിടത്തോളം ആസ്പത്രികളുടെ മേൽഭരണം മിഷ്യൻകാർക്കു വിട്ടുകൊടുത്താൽകൊള്ളാമെന്നു് അദ്ദേഹം അഭ്യർത്ഥിക്കുന്നു എ

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ന്ന് ഇവിടെനടന്ന ചോദ്യോത്തരങ്ങളിൽനിന്നും മനസ്സിലാകുന്നുണ്ട്. ഇതു അതുക്കുംപാടഹമാകുന്നു.

കുഷ്ഠരോഗാസ്പത്രിയുടെ ഭരണം പൊതുവെ തൃപ്തികരമായിരിക്കുന്നില്ല. നിർഭാഗ്യവാന്മാരായ കുഷ്ഠരോഗികളുടെ കാര്യത്തിൽ കുറേക്കൂടി കരുണയോടുകൂടി പെരുമാറേണ്ടതാണ്. മെഡിക്കൽഡിപ്പാർട്ടുമെൻറിന്റെ ഭരണറിപ്പോർട്ടിൽ ഓരോ ആസ്പത്രികളിലും ചികിത്സിച്ചിട്ടുള്ള രോഗികളുടെ വിവരങ്ങളെപ്പറ്റി പ്രസ്താവിച്ചിട്ടുണ്ട്. എന്നാൽ കാരോസ്ഥലത്തും ഏതുതരം സുഖക്കേടുകളാണ് കൂടുതലായി ഉള്ളതു് എന്നും ആ സുഖക്കേടു് വരാതിരിക്കുന്നതിനുള്ള നിവാരണമാർഗ്ഗങ്ങളെപ്പറ്റി വിവരിക്കുന്ന ലഘുലേഖകൾ പ്രസിദ്ധപ്പെടുത്തുകയും പ്രസംഗങ്ങൾ നടത്തുകയും ചെയ്യുന്നതായാൽ ജനങ്ങൾക്കു് അതുകൊണ്ടു് വളരെ പ്രയോജനം ഉണ്ടാകുന്നതാണ്.

ഈ ഡിപ്പാർട്ടുമെൻറിന്റെ ആവശ്യത്തിനായി ഒട്ടുവളരെ വാടകക്കെട്ടിടങ്ങൾ ഉപയോഗപ്പെടുത്തിവരുന്നുണ്ടു്. ഓരോആണ്ടിലും കുറെ കെട്ടിടങ്ങൾവീതം പണിയിച്ചു് ക്രമേണ വാടകകെട്ടിടങ്ങൾക്കു പകരം എല്ലാം ഡിപ്പാർട്ടുമെൻറു് കെട്ടിടങ്ങൾ ആക്കിതീർക്കേണ്ടതാണ്.

മിസ്റ്റർ പരമേശ്വരൻപിള്ളയുടെ ഒരു അഭിപ്രായത്തോടു് ഞാൻ യോജിക്കുന്നില്ല. മദ്രാസ് മെഡിക്കൽകാളേജിൽ തിരുവിതാംകൂർകാർക്കു പ്രവേശനം കിട്ടുന്നില്ല; അതിനു് ഒരു പരിഹാരം ഉണ്ടാക്കണം എന്നു് പലപ്രാവശ്യവും അസംബ്ലിയിലും മറ്റും വാദിച്ചതിന്റെഫലമായിട്ടാണു ഇപ്പോൾ ഗവണ്മെൻറു് അതിൽ പ്രവേശിക്കയും തന്നിമിത്തം പ്രവേശനം കിട്ടുകയും ചെയ്യുന്നതു്. അതുകൊണ്ടു് അതിലേക്കു കൊടുത്തുവരുന്ന ഗ്രാൻറു് നിറുത്താൻ പാടില്ല. എന്നാൽ അതിലേക്കുള്ള അപേക്ഷകന്മാരെ എടുക്കുമ്പോൾ കഴിയുന്നതും ദാക്ഷിണ്യബുദ്ധിയോടുംകൂടി വിശാലവീക്ഷണത്തോടുകൂടി പ്രവർത്തിക്കുന്നതു് നന്നായിരിക്കും. ഇപ്പോഴത്തെരീതി എങ്ങിനെഎന്നു് അറിയുന്നില്ല. ആളുകളെ തിരിഞ്ഞെടുക്കുന്നവിഷയത്തിൽ ഗവണ്മെൻറു് കുറേക്കൂടി വിശാലമായ ഒരു നയം സ്വീകരിക്കേണ്ടതാണു് എന്നു് വീണ്ടും പറഞ്ഞുകൊള്ളുന്നു.

MR. KATTIYATTU SIVARAMA PANICKAR: I have great pleasure to support the motion brought forward by my friend Mr. K. P. Nilakanta Pillai. In doing so my object is to impress upon this House the difficulty of Travancore students to get themselves admitted into the medical schools and colleges affiliated to the Madras University. They are, as I understand, shutting their doors against several students

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[Mr. Kattiyattu Sivarama Panickar.]

seeking admission from Travancore. Even for the small number of students who are admitted every year, our Government will have to pay a very large amount by way of subsidy. And this state of affairs is, I believe, a disgrace to our country. Our country is supposed to be very high and it stands in the forefront in its Colleges of Art, Science, Law and other departments of education. Why not, I ask, in this connection, start another institution, a medical school if not a college, and try to redress the grievances of several students who are seeking admission to the medical schools and colleges of Madras and British India. Medicine is a profession whereby any man who acquires it can open an independent living of his own and Government need not grudge any expenditure on this account. That is my humble opinion.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Does not the member think that the Government would thereby be limiting the chances of young men of Travancore ?

MR. KATTIYATTU SIVARAMA PANICKAR: I do not understand the member, what he means by limiting the chances.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Is it not a disadvantage to the graduates of the proposed medical schools in the matter of getting appointments, because the chances of those graduates will be confined only to Travancore, whereas the Madras graduates or Calcutta graduates can seek employment elsewhere?

MR. KATTIYATTU SIVARAMA PANICKAR: No. Monied people can seek admission elsewhere in Calcutta or Madras or any other University. It is not a question of appointment. Medicine can thrive anywhere.

MR. KALLUR NARAYANA PILLAI: മെഡിക്കൽസ്കൂൾ തിരുവിതാംകൂറിൽ സ്ഥാപിച്ചിരുന്നു എന്നറിയാമോ ?

MR. KATTIYATTU SIVARAMA PANICKAR: It was not so popular. The demand was not very great. We see from statistics that there are so many Travancoreans going in for admissions to Medical Colleges all over India. To satisfy the grievances of the people, it will be well to have at least a Medical School, for Travancore. Of course, the sister State of Cochin will also join with us and render necessary help in this direction.

MR. K. GEORGE: Has the member any idea of the cost of establishing a Medical College?

MR. KATTIYATTU SIVARAMA PANICKAR: It is not a Medical College I want. I want Government to institute a school for medicine.

Another point I have to bring to the attention of Government is about the General Hospital. Though large sums of money are being

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spent, as my friend said, for appliances and medicines, to make it more and more up-to-date, I find, much to our regret, that it is not up-to-date. To cite only one instance, there is no radium treatment in the General Hospital. A patient has to run either to Neyyoor or to Madras. Why not we spend more money on that account and have radium treatment also instituted in the General Hospital?

I understand from a reliable source that there is a private circular served to the various hospitals in the State that, if the indent for medicine supplied to them is not sufficient for their expenses in the year, they should not ask for more. This is a kind of charity and, of course, Government are always showing all kinds of sympathy towards the sick, poor, maimed and all. Medicine is not the item where Government can stint any expenditure. If there is such a circular, the member in charge of the department, who is responsible for it, should see that it is immediately withdrawn and more medicines are supplied.

As regards contribution to the Madanappally Hospital, that also is a thing which we have to stop. Because, we have got expert opinion that Cape Comorin and Nagercoil are fit places to have a sanatorium established. It is better that we have a sanatorium for ourselves and the Government ear-mark some money for this purpose.

It seems that there is a tendency on the part of Government for thrusting an institution upon a set of unwilling people in spite of deputations, telegrams and personal representations. Government want to thrust a Leper Asylum at Mavelikara, although there are people who are willing to offer lands where this institution might be started. Government are very particular to see that this is established there and there only. That is another instance to show that Government do not actually feel with the desires and wants of the people of the country. Such a thing should not continue, and Government must respect the sentiments of the people at large.

MR. K. MADHAVAN PILLAI: Sir, I must say that I find myself in a very difficult position this evening. All the time I was connected with the legislature in the country, I have never raised my voice in defence of the medical profession of which I happened to be a member, for the simple reason, that people affected by the working of the Medical Department must have their right to say what they feel in regard to that working. To-day, Sir, I feel compelled to strike a note of discord in regard to what Mr. Padmanabhan Tampi has said. Every medical man from the Senior Surgeon, down to the Sub-Assistant Surgeon, he has brought under the ban of his denunciations. He has cast reflections upon the professional reputation of the medical men in this country, which are wholly undeserved and unmerited. I do not wish to dilate upon this matter any further because I feel that as a medical man I might be regarded as being partial to the members of my profession. One thing remains and that has to be said. Professional men might rise and fall in the estimation of people in different times.

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[Mr. K. Madhavan Pillai.]

One doctor might stand high in the estimation of a lay-man than another and a doctor who stood high in the estimation of people at one time migt be discredited at another time by the same people. These things generally happen.

The Trivandrum General Hospital has all along a reputation of its own and has been manned by men of the highest reputation and of the highest qualification, whose professional reputation was never challenged by anybody. Even to-day the Surgical Ward of the General Hospital is over-crowded. In fact though only 95 surgical beds are available, a larger number of patients remain under treatment at present. There are two surgeons ; one is a Fellow of the Royal College of Surgeons of London, and the other holding a Fellowship of the Royal College of Physicians of Edinburgh. These are the surgeons employed today in surgical work, and, as far as my information goes, both of them are busily engaged in doing surgical operations, and the results of the operations are, to my knowledge, perfectly satisfactory. Whatever interested reports might say, I am perfectly confident that the lustre of the reputation of the General Hospital has not grown dim. I had thought of drawing attention to a few facts connected with the Medical Administration in the State. But my attention was taken up by the remarks made by Mr. Padmanabhan Tampi.

MR. K. P. NILAKANTA PILLAI : May I know from the member whether the General Hospital gives aid to all patients alike?

MR. K. MADHAVAN PILLAI; To the extent the accommodation provides, it does.

What I want to draw the attention of the authorities is this. Time is long gone by when the growing medical needs of the country can be met by paid services alone. My idea is, unless you are prepared to harness the talents and experience which are so abundant in this country for the service of the State, the medical needs of the country cannot be adequately met. I remember the instance of a young doctor who applied to be appointed as an Honorary Physician in the General Hospital. He was told that his qualifications are not high enough. He was practising in London before he came here. Now he has gone back to London and my information is, I believe that the reports are true, that he is having a roaring practice there. Remember he was not given an opportunity to serve in the General Hospital, in an honorary capacity. I think it is high time that Government thought of appointing Honorary Medical Officers.

Another thing that is highly necessary is this. The Government must begin subsidising medical men in rural areas. Unless that is done, it is impossible to meet the demands of the people.

Another vexed question is about the Leper Asylum. Well, Sir, very often in the Legislative Council, I have endeavoured to draw attention to the fact that it is extremely dangerous to retain the Leper Asylum in its present place. It is dangerous to the health of the town.

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It is a source of danger to mass infection in the vicinity of crowded places. It is a fact, well-known, that leprosy is spreading rapidly in the surrounding places of the Leper Asylum. There are very many people who are afflicted with leprosy there. It is therefore highly necessary that the Asylum should be removed to some place. I do not say it should be shifted to Mavelikara. It might be taken to some place where it is least harmful to the people.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: Is not the member well conversant with the conditions of Mavelikara ?

MR. K. MADHAVAN PILLAI: I know the place very well.

MR. M. GOVINDAN: Has the member any idea about the rate of mortality from leprosy ?

MR. K. MADHAVAN PILLAI: Evidently my friend is under a misapprehension. These lepers go to the asylum only after very many years of suffering and it is no wonder that they die in larger numbers.

MR. M. GOVINDAN: What about the mental disease?

MR. K. MADHAVAN PILLAI: Mr. Govindan was perfectly right in his observations about people suffering from mental disease.

PRESIDENT: Your time is up.

MR. K. MADHAVAN PILLAI: There is already a Bill before the House and I suppose Mr. Govindan, or, as a matter of fact, every member will have to put forth his best endeavours to see that a law is enacted to meet all our requirements.

MR. K. GEORGE: Sir, I wish to speak a few words on the question of the system of administration of the Medical Department which the mover of this motion Mr. K. P. Nilakanta Pillai and a few of the succeeding speakers have alluded to. Some years ago, the department was administered by a Darbar Physician. Sometime after the retirement of Dr. Lakshmanan, Government appointed a Board, consisting of three members, to administer the department as a temporary measure. This Board existed for about seven years. Then Government decided to drop that experiment, mostly because of the dissatisfaction that was being expressed on the management. Thereafter Government have reverted to the Darbar Physician.

In the course of the speeches here, to-day, reference was made to the unsatisfactory way in which work was being conducted in the General Hospital at Trivandrum. Such complaints were being heard for some time past. It was frequently pointed out that there was an influx of patients to the Neyoor hospital. The Government felt that, that sort of thing was not desirable, and that the condition of the General Hospital required improvement. As a result, Government decided to appoint an officer for the General Hospital with knowledge of advanced medical science and surgery, from Europe, and, to entrust that officer also with the general administration of the department. Accor-

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[Mr. K. George.]

dingly, Government got down the services of a European Darbar Physician, and, in order to improve the work in the General Hospital, he was asked to concern himself, for the most part, in the hospital, and to devote also his time for the administration of the department. To help him in the administration, Government, with his concurrence and advice, appointed two Deputy Durbar Physicians, one of whom was to assist him in the inspection part of the administration, and the other to help him in the office work. That is the arrangement which was existing until Dr. Slater's retirement. Now, practically, the same arrangement continues. One of the Deputy Darbar Physicians is for the time being acting as Darbar Physician. The other Deputy Darbar Physician is continuing as he was and is doing inspection work. The need for this arrangement, as I explained, was this. It was absolutely necessary that an officer with up to date knowledge of medicine and surgery should be in our General Hospital, the premier hospital in the State, so as to improve its tone and efficiency. Government thought that it was unnecessary to appoint another officer on high pay in separate charge of the department, and that, with some assistance the Surgeon in charge of the General Hospital could do the work of administration of the department also. And, for that purpose, two Deputy Darbar Physicians were appointed. One of them is in charge of the Women and Children's Hospital ; and therefore does not cost much to Government by her appointment as Deputy Darbar Physician. The other Deputy Darbar Physician is Dr. Noble. He was selected for the post because, as member of the Medical Board, he had acquired intimate knowledge of the working of the department. He was a member of the Board for seven years and Government thought that his previous experience could be made good use of to the State. That is the reason for his appointment.

However, I may inform the House that these arrangements are temporary and that Government soon hope to have the services of a full-time Darbar Physician. After his arrival it will be decided as to what exactly should be the system of administration of the General Hospital and the State Medical Department. We can make up our minds later as to whether the present arrangement should continue or not. So far, Government do not see any reason to doubt that the experiment has proved a success. The Inspecting Medical Officer is constantly on tour and is able to inspect institutions and maintain their efficiency. The acting Darbar Physician, besides attending to her own work in the Women and Children's Hospital, has been able to devote considerable time to office work. The arrangement is that the Darbar Physician is responsible for the entire work of the department and that both the Deputy Darbar Physicians are responsible to the Darbar Physician.

MR. P. PADMANABHAN TAMPI : May I know whether the Deputy Darbar Phycian is circuiting under the orders of the Darbar Physician, or independently ?

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MR. K. GEORGE: The arrangement is that he should send his tour programme to the Darbar Physician about a week in advance and proceed on tour unless the Darbar Physician specifically asks him not to do so.

MR. P. PADMANABHAN TAMPI: Does he obey the orders of the Darbar Physician?

MR. K. GEORGE: I expect he does.

MR. K. P. NILAKNTA PILLAI: May I know whether the present Inspecting Medical Officer does not now continue to be in charge of his own hospital?

MR. K. GEORGE: I do not know exactly what the internal arrangement in his hospital is. Government know that, as a matter of fact, he frequently goes on inspection visits and inspects several medical institutions in the State. So, he must have made his own arrangements for the work in his hospital.

MR. K. P. NILAKANTA PILLAI: Am I to understand that without any idea as to the nature of his work in his hospital, Government appointed him as Inspecting Medical Officer?

MR. K. GEORGE: But he does inspection work quite all right. He constantly goes out on tour and does as much inspection work as is necessary.

MR. K. P. NILAKANTA PILLAI: Will the member be pleased to state how, merely because he was a member of the Medical Board, he became competent to be appointed as Inspecting Medical Officer?

MR. K. GEORGE: I shall explain. All matters connected with the administration of the Medical Department—except minor matters —were considered by the Board; and they passed resolutions on them.

MR. K. P. NILAKANTA PILLAI: May I know whether it is not a fact that only questions relating to general administration of the Medical Department were discussed and conclusions arrived at by the Medical Board?

MR. K. GEORGE: No; every matter connected with the administration of the department was considered by the Board. Even matters relating to particular hospitals were placed before the Medical Board. That was the reason why I submitted that Dr. Noble had occasion to get intimate knowledge of the working of the hospitals in the State.

MR. M. N. PARAMESVARAN PILLAI: Is he governed by the T. S. R?

MR. K. GEORGE: No, except, I believe, in the matter of T. A.

MR. KOCHIKAL P. BALAKRISHNAN TAMPI: The member has not touched the question of the Mavelikara Leper Asylum.

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MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*) : I shall endeavour, Sir, to explain some of the criticisms made by the members about the working of the department. I shall first deal with the complaints against the General Hospital.

I admit, that some of the buildings of the General Hospital are not up to date and its equipment not what it might be. My friend, Dr. Madhavan Pillai, has by his speech made an explanation from me with regard to the work turned out in the General Hospital, not necessary.

MR. K. P. NILAKANTA PILLAI: May I know whether the member has visited the Neyyoor Hospital?

MRS. M. POONEN LUKOSE: Yes. I have visited the Neyoor Hospital.

MR. K. P. NILAKANTA PILLAI: What does the member think of the buildings and equipment of the General Hospital as compared with those of the Neyyoor Hospital?

MRS. M. POONEN LUKOSE: I have already stated that some of the buildings of the General Hospital are not up to date and the equipment is not what it ought to be.

MR. K. P. NILAKANTA PILLAI: What does the member think of the typhoid ward of the General Hospital? Does the member consider it up to date?

MRS. M. POONEN LUKOSE: The lower ward is only a semi-permanent building. The new medical block of the General Hospital is a fairly good building.

Sir, during the last three months, I have been carefully watching the working of the General Hospital; and I can say that the work turned out there has been quite satisfactory. But unfortunately the General Hospital has had a bad reputation in the past which has led to the remarks made by the members of this House. It is true, Sir, that some of our medical officers are not as efficient as they ought to be. But, it is not at all fair to the department to make such general damning statements about *all* the medical men.

Reference was made to the circular regarding the admission of visitors to the General Hospital. When Dr. Slater arrived here, he found that visitors were going to the hospital at all times of the day to consult the doctors and to see their patients. Naturally, being used to English Hospitals where such things are not permitted, Dr. Slater felt that such visits would be very inconvenient for the work in the hospital. He therefore issued a circular restricting the admission of visitors into the General Hospital. But shortly afterwards, when Dr. Slater got used to the conditions here and the difficulties were explained to him, he allowed patients and visitors to see their doctors and relations in the hospital. At present visitors experience no difficulty in going to the hospital if they set about it in the right way. There is also a room set apart in the out-patient department for visitors to wait and see the doctors they wish to consult after hospital hours.

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I would like to refer to the observations made by Mr. Padmanabhan Tampi about certain communities being favoured for appointments in the Medical Department. I shall first take the case of the nurses in the department. I have had a part in the selection of candidates for training as nurses for several years, and I think, Sir, Mr. Padmanabhan Tampi must have known by this time that I have not been unmindful of those coming from unrepresented and backward communities. Although qualifications are prescribed for recruitment for training as nurses and midwives, I have even given concessions in the case of candidates belonging to backward and the depressed classes. I have with me here, Sir, the lists of nurses and midwives; but for want of time I am unable to read them out to the House. If Mr. Tampi will go through these lists I am sure he will be convinced that I have been fair to the different communities.

MR. P. PADMANABHAN TAMPI: May I know the percentage of Christians in that list?

MRS. M. POONEN LUKOSE: It will be about half. I have with me also a caste-war statement of students in the present nurses' class. If the member went through it, I am sure he will find that it is quite satisfactory.

In regard to the preponderance of medical officers of one community in the department, Sir, the present situation has been brought about as the result of recruitments going on for the past so many years. Most of the present senior Christian officers were appointed years ago when the department was administered by European Darbar Physicians. Mr. Padmanabhan Tampi must be aware of the fact that, in years gone by, it was the Christians who went in for the study of medicine and they formed the majority of applicants for posts in the department. It was only later that members of other communities took to medicine, and recently unrepresented communities are also coming forward. It is not possible now, for the sake of giving adequate communal representation, to do away with the Christian officers in the department. I can assure the House that consideration is given by the department to the claims of different communities in the matter of appointments.

In regard to the circular about the shortage of medicines, I may point out to the House that no such circular has been issued. On the other hand, a circular was sent to medical officers in charge of hospitals and dispensaries to forward a fresh annual indent in which they were given the liberty of asking freely quantities of drugs according to their actual requirements. This will show that the department was making an effort to help the medical officers in the various hospitals. It is true that during the last month, it was not possible to attend to certain extra indents for drugs from a few institutions, as the Store-keeper was fully engaged with the checking of the stocks of drugs before handing over charge to the new Store-keeper.

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[Mrs. M. Poonen Lukose.]

In regard to the leper colony, I think, Sir, that wherever we may locate it, the neighbouring people will raise objections. Several sites were inspected by the Dewan, by the Chief Engineer and by the Dewan Peishkars before the present site was fixed upon. A fairly large area of land is required for the proper supply of water for the patients, residences of the medical officers and the subordinate staff. They will all have to reside in the colony. They are also human beings and they cannot be shut off from all human habitation. We cannot locate the leper colony on a desert. This place was inspected by the Chief Engineer and he was of opinion that the site was suitable. I think Mr. Balakrishnan Tampi must admit that there are not many houses in the neighbourhood. As the time is short, I have nothing further to add.

MR. K. P. NILAKANTA PILLAI: I beg leave of the House to withdraw the motion.

The motion was, by leave, withdrawn.

PRESIDENT: I put it that Demand VI-Medical for Rs. 8,71,047 be passed.

The grant was made.

DEMAND VII—AYURVEDA.

MR. N. S. RAMAN PILLAI: Sir, I beg to move for a grant of Rs. 66,594 under Demand VII—Ayurveda.

MR. KALLUR NARAYANA PILLAI: ഈ ഡിപ്പാർട്ടുമെൻറിന്റെ ആവശ്യത്തിലേക്കായി നിശ്ചയിച്ചിട്ടുള്ള മുഴുവൻ തുകയും കൊടുക്കണമെന്നുള്ളതാണ് എന്റെ ഉപക്ഷേപം. ആയുർവേദവൈദ്യശാലകളും നേത്രരോഗവൈദ്യശാലകളും കൂടുതലായി ഈ നാട്ടിൽ സ്ഥാപിക്കണമെന്നുള്ള സംഗതിയെ പ്രതിപാദിക്കുന്നതിനാണ് ഈ ഉപക്ഷേപം അവതരിപ്പിക്കുന്നത്. തിരുവിതാംകൂറിലുള്ള ജനങ്ങളിൽ അധികം പേരും ആയുർവ്വേദചികിത്സയിൽ വിശ്വസിക്കുന്നവരാണ്. ആയുർവേദചികിത്സാലയങ്ങൾ പലസ്ഥലങ്ങളിലും സ്ഥാപിക്കുകയും അവയെപ്രോത്സാഹിപ്പിക്കുന്നതിന് ഗവണ്മെൻറ് ഗ്രാൻറുകൊടുക്കുകയും ചെയ്യുവന്നതോടുകൂടി ഈ ചികിത്സ പ്രചാരത്തിൽ വരികയും ജനങ്ങളുടെ വിശ്വാസം ഈവക ചികിത്സയിൽ വർദ്ധിച്ചുവരികയുംചെയ്തു. തിരുവിതാംകൂർ ഗവർൺമെൻറ് ആയുർവേദവൈദ്യശാലകൾക്കു ഗ്രാൻറു കൊടുത്തുവരുന്നതെന്തു ഫലം ഉണ്ടായി എന്നു കണക്കുകൊണ്ടു കാണുന്നുണ്ട്. ഇവയിൽ ചില ആശുപത്രികൾ രോഗികളെ ചികിത്സിച്ചിട്ടുണ്ട്. ജനങ്ങൾക്ക് ആയുർവേദചികിത്സയിലുള്ള വിശ്വാസംകൊണ്ടു മാത്രമാണ് ഇത്രയധികം രോഗികളെ ചികിത്സിക്കാൻ സൌകര്യം വന്നിട്ടുള്ളത്. അനേകലക്ഷം രൂ

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